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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_
- ☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**Full Name of Inventor(s)**Inventor 1 **Brian R. Rohrs**

Signature \_\_\_\_\_

Citizen of **US**Inventor 2 **Scott L. Douglas**

Signature \_\_\_\_\_

Citizen of **US**Inventor 3 **John M. Helmlich**

Signature \_\_\_\_\_

Citizen of **US**Inventor 4 **Jim F. Miller**

Signature \_\_\_\_\_

Citizen of **UK**

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**Full Name of Inventor(s)**Inventor 5 George A. Burgess

Signature \_\_\_\_\_

Citizen of UKInventor 6 Philip J. Rolfe

Signature \_\_\_\_\_

Citizen of UK☐ Additional inventors are being named on

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number

Filing Date

First Named Inventor

Brian R. Rohrs

Title

STABILIZED PROSTAGLANDIN  
FORMULATION

Art Unit

Examiner Name

Attorney Docket Number

PC02763 (01276/1/US)

I hereby appoint:



Practitioners at Customer Number

26648

**OR**

Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.

**OR**

The address associated with Customer Number

**OR**Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

## **SIGNATURE of Applicant or Assignee of Record**

Name

Brian R. Rohrs

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 6 forms are submitted.

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## **SIGNATURE of Applicant or Assignee of Record**

Name

Scott L. Douglas

Signature

Date

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<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	<b>Brian R. Rohrs</b>
<b>Title</b>	<b>STABILIZED PROSTAGLANDIN FORMULATION</b>
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	<b>PC02763 (01276/1/US)</b>

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## **SIGNATURE of Applicant or Assignee of Record**

Name

John M. Heimlich

Signature

Date

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## **SIGNATURE of Applicant or Assignee of Record**

Name

Jim F. Miller

Signature

Date

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Name

George A. Burgess

Signature

Date

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Philip J. Rolfe

Signature

Date

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**ASSIGNMENT JOINT**

For One Dollar and other valuable considerations, the receipt and sufficiency of which are hereby acknowledged, we,

**BRIAN R. ROHRS, SCOTT L. DOUGLAS, JOHN M. HEIMLICH, JIM F. MILLER, GEORGE A. BURGESS, PHILIP J. ROLFE**

hereby sell, assign, transfer and convey unto PHARMACIA CORPORATION, a Delaware corporation, whose address is 100 Route 206 North, Peapack, NJ 07977, its successors and assigns, the entire right, title and interest in and to our invention in

**STABILIZED PROSTAGLANDIN FORMULATION**

described in an application for United States Letters Patent therefor, executed on even date herewith, and in and to all Letters Patent of the United States and foreign countries, including any divisions, continuations, reissues and extensions thereof that may be obtained therefor; and we agree that we will, without additional compensation, but without cost to us, promptly communicate to said PHARMACIA CORPORATION, or its representatives any facts known to us respecting said invention whenever requested, and testify in any legal proceedings, sign all lawful papers, and execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid our said assignee, its successors and assigns, as and when requested by them, in obtaining and enforcing proper patent protection for said invention or inventions and improvements in the United States and all countries foreign thereto; and we hereby authorize and request the Commissioner of Patents to issue any and all Letters Patent that may be granted for said invention to said PHARMACIA CORPORATION, its successors and assigns.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2004.

\_\_\_\_\_  
BRIAN R. ROHRS

State of MICHIGAN            )  
  ) SS  
County of \_\_\_\_\_        )

On the day and year aforesaid, appeared BRIAN R. ROHRS, personally known to me, and by me personally known to be the person who executed the above instrument, who, being duly sworn, acknowledged that he/she executed the above instrument as his/her free and voluntary act.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2004.

\_\_\_\_\_  
SCOTT L. DOUGLAS

State of MICHIGAN            )  
  ) SS  
County of \_\_\_\_\_        )

On the day and year aforesaid, appeared SCOTT L. DOUGLAS, personally known to me, and by me personally known to be the person who executed the above instrument, who, being duly sworn, acknowledged that he/she executed the above instrument as his/her free and voluntary act.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Signed and sealed this \_\_\_\_ day of \_\_\_\_\_, 2004.

\_\_\_\_\_  
JOHN M. HEIMLICH

State of MICHIGAN            )  
  ) SS  
County of \_\_\_\_\_        )

On the day and year aforesaid, appeared JOHN M. HEIMLICH, personally known to me, and by me personally known to be the person who executed the above instrument, who, being duly sworn, acknowledged that he/she executed the above instrument as his/her free and voluntary act.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2004.

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS  
JIM F. MILLER

On the day and year aforesaid, appeared JIM F. MILLER, personally known to me, and by me personally known to be the person who executed the above instrument, who, being duly sworn, acknowledged that he/she executed the above instrument as his/her free and voluntary act.

\_\_\_\_\_  
Notary Public

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County of \_\_\_\_\_ ) SS  
GEORGE A. BURGESS

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\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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County of \_\_\_\_\_ ) SS  
PHILIP J. ROLFE

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\_\_\_\_\_  
Notary Public

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